ISSN 2456-3110
Vol 2 · Issue 3
May - June 2017

Journal of Ayurveda and Integrated Medical Sciences

www.jaims.in

JAIMS

Charaka Publications

Indexed

ISSN: 2456-3110 CASE REPORT May-June 2017

Importance of *Avasthiki Chikitsa* in *Pakshaghata* and its complications: A Clinical Case Report

Vishwanath S. Wasedar,[1] Shilpa S. Biradar.[2]

[1]Assistant Professor, [2]Post Graduate Scholar, Department of Panchakarma, KLEU's Shri B.M. Kankanwadi Ayurveda Mahavidyalaya, Shahapur, Belgavi, Karnataka, India.

ABSTRACT

Purpose: Life style disorders demand a strict regimen throughout one's life among which Hypertension and Diabetes Mellitus are common. Hence the treatment aims an effective control along with Life style modification. The negligence towards the prescribed life style would lead to many complications among which stroke are most prominent and the prevalence in India is 29%. Though the patient is under strict Anti hypertensive medications still one day he/she will land up in stroke hampering his rest of precious life. **Aim:** With this understanding a successful case report is presented to highlight the importance of *Avasthiki Chikitsa* with life style modification in controlling Hypertension and treating *Pakshaghata* from the root level. **Materials and Methods:** A 74 years old female patient, known case of HTN and DM was brought on a stretcher to the Panchakarma OPD of KLEU Ayurveda Hospital and Research Centre, Belgavi with the complain of loss of strength in left upper and lower limb associated with inability to speak since 9 days. Her MRI suggested Left Hemiplegia with B/L cerebellar hemorrhagic infract in occipital lobe. Initially treatment commenced with *Shiromarmaghata Chikitsa* with *Shamanoushadhi* along with modern medication which the patient had been advised. Later on when the patient started to improve in her blood parameters allied science medications were tapered and gradually stopped excluding her routine medication. After the clearance of *Avarana, Panchakarma* therapies were administered sequentially at various stage with a meticulous diet and exercise. **Results:** After 22 days of treatment Diabetes and Hypertension were under control, patient was able to walk with minimal support and speech also improved. **Conclusion:** A well planned diet along with Ayurvedic therapies based on the *Avastha* provides encouraging results in treating HTN, DM and *Pakshaghata*.

Key words: *Pakshaghata, Avasthiki Chikitsa,* Hypertension.

INTRODUCTION

Ageing is the natural degenerative stage of human. In geriatrics, *Vatadosha* is at its height which has to be taken care of either in life style or dietary habits.

Address for correspondence:

Dr. Shilpa S. Biradar

Post Graduate Scholar, Department of Panchakarma, KLEU's Shri B.M. Kankanwadi Ayurveda Mahavidyalaya, Shahapur, Belgavi, Karnataka, India.

E-mail: karssb760@gmail.com

Submission Date : 25/05/2017 Accepted Date: 20/06/2017

Access this article online

Quick Response Code

Website: www.jaims.in

DOI: 10.21760/jaims.v2i3.8251

Neurological disorders are more prone at this age.

Pakshaghata (hemiplegia), one of the *Vatavyadhi* which can be correlated with cerebrovascular condition called stroke.[1] The *Lakshanas* include *Karmahani* (loss of function) of one side of body, *Ruja* (pain), *Vaksthambha* (inability to speak) etc.[2] Acharya Charaka has counted *Pakshaghata* under 80 types of *Nanatmajavatavyadhi,*[3] still we see in day today practice that it is not so. There is *Samsarga* (association) of *Pitta* and/ *Kapha*, clearly mentioned by Acharya Sushrutha and Madhava Nidana.[4]

Among various *Nidana* (causes/etiology) few concerned with the case are - *Dhatusamkshayaat* (depletion of body tissues), *Marmaghata* (injuries to vital spots).[5] Because of these factors the aggravated *Vata* fills up the empty channels (*Srotas*) in the body

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causing the ailments affecting the whole body or a part of it.[6]

Here the underlying factor is *Raktadushti* leading to *Vata*prakopa (aggravation) causing the disease.

Case Report

A female patient with moderate built aged 74 years approached KLEU's Shri BMK Ayurveda Hospital on stretcher with RT and catheterization C/O - Loss of strength on left side upper and lower limbs and unable to speak since 9 days. The patient was a K/C/O Diabetes Mellitus type 2 and Hypertension since 10 years on medication. Primarily patient underwent treatment for 9 days at allied science hospital, diagnosed as Left hemiplegia- Bilateral cerebellar hemorrhagic infarct and occipital lobe. Her MRI Brain revealed - Acute infarcts with hemorrhages seen in bilateral cerebellar hemispheres, thalami and occipital lobes in PCA territory.

Clinical Examination

The general condition of the patient at the arrival to the hospital - aged, moderate built, semi conscious poorly oriented, ill looking and unable to speak. Respiratory system was clear. CVS- S1 S2 regular and normal, per abdomen examination - NAD.

Table 1: Vital data of the Patient

Vital Data	BT	AT	Follow up
B.P	160/100mm Hg	130/90mm Hg	130/84mm Hg
Pulse	110/min	80/min	78/min
Temperature	97^0 F	97^0 F	96^0 F

Haematology	After stroke	During treatment	Follow up
Hb	10.5 gm%	10.6 gm%	10.9gm%
WBC	8000 cells/	6200 cells/	7500
	cumm	cumm	cells/cumm
Neutrophils	60%	65%	59%
Lymphocytes	24%	23%	33%
Monocytes	06%	02%	01%
Eosinophil's	10%	10%	07%
ESR	48 mm/1^{ST} hour	55 mm/1^{ST} hour	30 mm/1^{ST} hour
Biochemistry			
RBS	200 mg%	321mgQ%	178 mg%
FBS	291 mg%		178 mg%
PPBS	296 mg%		
HbA1c	5.4		
Urine routine	WNL	WNL	WNL
Uric acid	4.0 mg/ dl	3.0 mg/ dl	4.0mg/ dl
Serum Creatinine	0.8 mg/dl	O.2	0.2
Blood urea	24.3 mg/dl	24 mg/ dl	22 mg/ dl
Lipid profile	WNL	WNL	WNL
LFT	WNL	WNL	WNL
Serum electrolytes	WNL		

Investigations

MRI Brain - Acute infarcts with hemorrhages seen in bilateral cerebellar hemispheres, thalami and occipital lobes in PCA territory.

Treatment

The patient approached us with the following ongoing medications Inj. H mixtard 15-0-10 units, Tab. Somazina plus 1BD, Tab. Ecosprin 150 mg 1OD, Tab. Atocor 40mg 1HS, Tab. Glycoset SR 500 1OD, Tab. Tazoloc 20 1OD. Initial 7 days the patient was kept on same medications along with Ayu medicines.

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The case was diagnosed as a *Pitta Vataja Pakshaghata*, The *Shamana Aushadhi* prescribed were *Tab. Gorochanadivati, Cap. Palsinuron* and *Danadanayadi Kashaya* along with diet liquid gruel and *Mudgayusha*.

She was also advised with physiotherapy and kept continued with the allied medications she was on going with. When the patient started to take orally RT (Ryles tube) was removed, then advised with *Asanadi Kashaya* 50ml BD, *Sarvanga Patra Lepa*, *Tailadhara* with *Murcchita Tila Taila* + *Himasagara Taila*, *Sarvanga Abhyanga* with *Mahanarayan Taila*. Vitals and RBS were regularly monitored. Slowly insulin was stopped as there was normalcy observed in blood glucose level. Tab. Somazina plus and Tab. Tazoloc 20 were clogged.

On the second visit 3 months later patient had only complain of stiffness of left hand fingers, unable to stretch. This time patient was planned for *Shodhana Karma* with administration of *Nasya* (nasal instillation of medicated drugs) with *Karpastyadi Taila* for 7 days.

RESULTS

In the whole session of treatment the patient started to consume orally, catheterization was removed in 5 days of treatment. There was significant reduction in stiffness of joints of upper and lower limbs. After 22 days of divided intervention patient was able to walk on herself with minimal support, improvement in speech was observed.

Table 2: Observations before, during and after the treatment

SN	Examinations		Before	During treatment	After treatment
1.	Gait		Bed ridden	Hemiplegic	Limping
2.	Musculoskeletal	Arms - ROM	Restricted at left shoulder and elbow joints	Slightly restricted	Non painful and complete
		Legs - ROM	Restricted at left knee joint	Slightly restricted	Non painful and complete
3.	Cranial nerves	Facial	Deviated towards right side	Slightly deviated towards right side	Normal
		Rest	NAD	NAD	NAD
4.	Higher mental function test	Level of consciousness	Semi-conscious	Conscious	Conscious
		Orientation	Poorly oriented	Well oriented to time , place and person	Well oriented to time , place and person
		Memory resent and past	-	Intact	Intact
		Sleep	Normal	Normal	Normal
5.	Motor function test	Strength	0/5	3/5	4/5
		Bulk of muscles	No wasting	No wasting	No wasting
		Tone of muscles	Flaccid	Hypotonic	Normal tone
		Reflexes	Biceps, triceps, knee, ankle – all absent	Biceps, triceps, knee, ankle all 1	Biceps , triceps, knee , ankle all -2

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Discussion

When a person undergoes *Pakshaghata* the root cause lies in the *Shiras* (head) which is severely affected by the *Dushitarakta* (vitiated blood), *Pitta* and *Vata. Nidana* being *Dhatusamkshayaat* (depletion of body tissues), *Marmaghata* (injuries to vital spots) and *Shiras* being one of the three *Marma* (vital spot) becomes the prime objective for treatment. *Prakupita Pitta* in *Raktadhatu* was countered by the administration of *Gorochanadi Vati* which is three *Doshashamaka* and stabilizes *Pitta Dharakala* which in turn stabilizes *Raktadhatu.*

Danadanayadi Kashaya has the direct *Phalashruti* (indication) as *Ardita* (facial palsy), best *Vatahara*. Cap. Palsinuron does the functions like improves metabolic processes in CNS and PNS, activates Neuromuscular communication, regulates blood supply in the affected area, promotes healing effect in the damaged nerves and the blood vessels. Thus the *Vata* was also taken care.

Liquid gruel, *Mudgayusha* bestows as *Balya* (strength). Simultaneously physiotherapy was kept on to rehabilitate the normal functioning of body.

Within 7 days of treatment the patient was able to sit on her own with minimal support, RT was removed as the patient was able to take orally and patient attained continence of urine, so the catheterization was also removed. Then *Panchakarma* treatment was started *Sarvanga Patra Lepa* to remove the *Aavarana*. Later *Tailadhara* with *Murcchitatilataila* + *Himasagaratailа*, *Sarvanga Abhyanga* with *Mahanarayan Taila* when there was *Nirupasthambita Vatalakshana*.

Within 3 weeks of treatment patient could walk on herself, speak without any difficulty, could carry out her routine works with minimal difficulty.

Follow up treatment patient was advised with *Nasya Karma* with *Karpastyaditaila* for *Shodhana*.

Conclusion

Pakshaghata being the cerebro vascular disease needs the depletion of aggravated *Dosha* and maintainance of the three *Dosha* and *Saptadhatu*. Aggravated *Pitta* and *Vatadosha* along with *Raktadhatu* hampered the normal stature and function of the body. Treating the root cause of the disease is the prime objective of treatment without ignoring the *Avastha* of disease. A perfect treatment is that which is done by considering all the factors involved in it and targeting the things one by one without doing any hurry in the treatment.

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How to cite this article: Vishwanath S. Wasedar, Shilpa S. Biradar. Importance of Avasthiki Chikitsa in Pakshaghata and its complications: A Clinical Case Report. J Ayurveda Integr Med Sci 2017;3:302-305. http://dx.doi.org/10.21760/jaims.v2i3.8251

Source of Support: Nil, **Conflict of Interest:** None declared.